

WEST ALLIS POLICE DEPARTMENT

RECORDS BUREAU

HOURS: MONDAY THROUGH FRIDAY 7:00 AM TO 6:00 PM

(414) 302-8080

Procedure for requesting ACCIDENT reports

1. READ THE INFORMATION ON THE LAST PAGE REGARDING THE DRIVER'S PRIVACY PROTECTION ACT LAW.
2. FILL OUT PAGE 2, "*REQUEST FOR ACCIDENT REPORTS*", INCLUDING THE CERTIFICATION BOX.
3. SIGN TO CERTIFY YOUR ELIGIBILITY.
4. RETURN IT TO THE RECORDS BUREAU STAFF.

UNDER MOST CIRCUMSTANCES, A COMPLETED REPORT WILL BE READY TO PICK UP IN TWO BUSINESS DAYS. YOU MAY WISH TO CALL THE RECORDS BUREAU TO VERIFY THAT YOUR REQUEST IS COMPLETE BEFORE RETURNING.

ALL RECORDS ARE REVIEWED BY THE RECORDS SUPERVISOR OR DESIGNEE PRIOR TO RELEASE.

ANY COMPLETED REQUESTS THAT HAVE NOT BEEN PICKED UP WITHIN 14 DAYS WILL BE DESTROYED AND YOU MUST MAKE A NEW REQUEST.

***** **PLEASE RETAIN THIS SHEET FOR FUTURE REFERENCE** *****

If your report is denied, Section 19.35 (4) (b), Wis. Stats., requires that you be informed that this determination is subject to review under section 19.37(1), Wis. Stats. You may bring an action for mandamus asking for a court to order release of the records or request the District Attorney or Attorney General to bring an action for mandamus asking a court to order release of the records.

ACCESS TO WESTALLIS POLICE DEPARTMENT ACCIDENT REPORTS

At the direction of the City Attorney's office, the West Allis Police Department (WAPD) has temporarily removed all traffic accident reports from our website, pending the outcome of a decision issued by the Seventh Circuit Court of Appeals in *Senne v. Vill. of Palatine*, 695 F.3d 597, (7th Cir. 2012 *en banc*, cert. pet. filed 11/5/2012). The *Senne* decision held that under the provisions of the Driver's Privacy Protection Act (DPPA) personal identifying information derived from the Department of Motor Vehicles (DMV), including an individual's date of birth, driver's license number, social security number, home address, home telephone number, photograph, and medical or disability information is prohibited from disclosure to the public unless one of 14 DPPA exceptions apply. The DPPA preempts any conflicting state law that regulates the dissemination of motor vehicle record information. *Collier v. Dickinson*, 477 F.3d 1306, 1312, n. 3 (11th Cir. 2007).

The exceptions to the prohibition to disclosure under the DPPA are found at 18 U.S.C. § 2721(b). The DPPA does allow release of records, with the exclusion of personal information, derived from the DMV records. All non-personal information contained within records can be released to a requesting third party. For example, personal information does not include factual information as to where, when or how an accident occurred.

Accordingly, in compliance with the Seventh Circuit Court of Appeals decision and advice from the City Attorney's Office, the WAPD, like many other police departments across the state, can no longer make available accident reports that include personal information prohibited from disclosure by the DPPA unless an exception applies.

If no DPPA exception applies any member of the public may obtain a traffic accident report with personal identifying information redacted at the West Allis Police Department, 11301 West Lincoln Avenue, West Allis, WI 53227, Monday-Friday, 7:00 a.m. to 6:00 p.m. (Closed Saturdays, Sundays and holidays). The cost is 25 cents per page and you must allow a minimum of 7 days for completion. You may contact the Records Bureau at 414-302-8080, during business hours for further information.

PLEASE PRINT

WEST ALLIS POLICE DEPARTMENT

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REQUEST FOR ACCIDENT REPORTS

TODAY'S DATE _____

YOUR NAME/AGENCY NAME* _____

LAST NAME

FIRST NAME

MIDDLE

INITIAL _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

REPORTS REQUESTED

REPORT OR CALL NUMBER _____

IF REPORT OR CALL NUMBER IS UNKNOWN, PLEASE COMPLETE THE FOLLOWING:

DATE OF ACCIDENT TIME STREET LOCATION

INDIVIDUALS INVOLVED _____

OTHER INFORMATION _____

REPORT ONLY

COPY OF CITATION(S) NEEDED

NUMBER OF COPIES REQUESTED _____ COPY COST IS \$0.25 PER PAGE AMOUNT DUE _____

YOU MUST REVIEW THE ATTACHED INFORMATION AND CERTIFY YOUR ELIGIBILITY TO RECEIVE THIS REPORT UNDER THE DRIVER'S PRIVACY PROTECTION ACT LAW. LIST THE NUMBER OF THE APPLICABLE EXCEPTION (#1-#13) _____ AND CERTIFY YOUR ELIGIBILITY BY YOUR SIGNATURE: _____

DO NOT WRITE BELOW THIS AREA

REQUEST APPROVED YES NO AUTHORITY _____

FRONT PAGE _____ COMPLETE REPORT _____ JUVENILES INVOLVED DENIED _____

REPORT STILL UNDER INVESTIGATION _____ COURT ORDER REQUIRED _____

REPORT NUMBERS _____

* IT IS NOT MANDATORY THAT YOU PROVIDE YOUR NAME, HOWEVER, DOING SO ENABLES US TO PROCESS YOUR REQUEST AND PROVIDE THE INFORMATION TO YOU* REV 5/13

SECTION III. AUTHORIZATION

I/We do hereby certify that we are authorized under the Federal Driver's Privacy Protection Act to obtain the identified accident report and personal information based upon the following:

- 1. Authorized for use, if Requester has obtained the written consent from the person about whom the information pertains.
 - I am requesting a copy of my own record.
 - I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.
 - I am requesting the record of another person and have attached for their written consent.

- 2. For use in connection with matters of a motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992 and the Clean Air Act.

- 3. A government agency (Federal, State, local or tribal) or employed by such, for the purposes of the government agency to carry out its official functions.

- 4. A Federal, State, Circuit, local or tribal court, or employed by such, for the purposes of the court to carry out its official functions.

- 5. A Wisconsin or out-of-state law enforcement agency, or such a person employed by such, for the purposes of the law enforcement agency to carry out its official functions.

- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business, but only to (a) verify accuracy of the personal information; (b) obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.

- 7. Authorized for use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State, Circuit, local or tribal court or agency or before any self-regulatory body, including the service or process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, Circuit, local or tribal court.

- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, re-disclosed or used to contact individuals.

Date Range: _____ Kind/Nature: _____

- 9. Authorized representative, agent, contractor, or employed by such, of an insured, insurance support organization or self-insured entity and the record being requested will only be used in connection with the following: (a) claims investigation; (b) anti-fraud activities; (c) rating or underwriting.

Client's Name: _____

- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.

- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for use of purposes permitted under the Federal Driver's Privacy Protection Act.

- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a Commercial Driver's License (CDL).

- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in civil and criminal penalties imposed under Title 18 USC, Section 2724 of the United States Code.

Dated: _____

Your Signature _____